

**Commonwealth of Virginia Department of Rehabilitative Services
Authorization to Release Drug and Alcohol Diagnosis and Treatment Records**

Return the requested information to:

(1) Consumer Birthdate _____ (2) SSN (optional) _____
 (3) I, (consumer name) _____ of
 (consumer address) _____
 authorize (custodian of information) _____, to disclose to
 (individual) _____ (title & org., if applicable) _____
 the following information (specify information to be disclosed):

for the following purpose(s):

(4) I understand that my records are protected under federal and state confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I understand that even if I am under the age of 18, my parent/guardian(s) may not be able to review certain outpatient drug or alcohol treatment records without my express, written consent. Except to the extent that action has already been taken in reliance of a signed form, I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the Privacy Contact at **8004 Franklin Farms Drive, Richmond, VA 23288 or HIPAAPRIVACY@drs.state.va.us**. This consent automatically expires as described below.

Expiration date _____ OR event or condition upon which consent expires (date or condition shall be no later than 1 yr. from signature date) _____

I further acknowledge that the information to be released was fully explained to me and that this consent is given of

my own free will. (5) Executed this (date) _____

(6) This consent (check one) Includes ☐ Does not include ☐ information placed in my records after the above signature date. Consumer signature _____

Parent/Guardian signature (where required) _____

Witness signature (if necessary) _____

Provide copy of form to the consumer

NOTE WHERE INFORMATION ACCOMPANIES THIS DISCLOSURE FORM. This information has been disclosed to you from records protected by the Federal Confidentiality of Alcohol or Drug Abuse Patient Records rules (42 CFR, part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.